

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

1
26
18
10
54

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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74		3				
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78		3				
79		3				
80						
81		11				
82		3				
83		3				
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7					
TOTAL DEP.	47					
TOTAL CLAIMS	54					